

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Alberg House
Centre ID:	OSV-0004665
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Shane Kenny
Lead inspector:	Anne Marie Byrne
Support inspector(s):	Maureen Burns Rees
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 May 2017 09:45 To: 02 May 2017 16:10

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

The purpose of this unannounced inspection was to monitor the centre's on-going regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

Inspectors met with four residents, two staff members, a deputy team leader, the person in charge and the provider during the inspection. All residents had opportunities to speak and meet with the inspectors if they wished on the day of the inspection.

Inspectors reviewed practices and documentation, including residents' personal plans, incidents, policies and procedures, fire management related documents and risk assessments.

Description of the service:

This centre is managed by Nua Healthcare Services and delivers services to children and adults with autism and intellectual disability. Alberg House aims to provide 24-hour care to both female and male children and adults, aged between 16 and 30

years of age. The centre comprises of one house which provides accommodation to five residents.

The person in charge had the overall responsibility for the centre. She is supported in her role by two deputy team leaders, a regional manager and the provider. The person in charge primarily holds an administrative role within the centre and is on-site to meet with staff and residents two to three times a week. Inspectors met with staff as part of the inspection, who spoke respectfully of residents and were found to be very knowledgeable of residents' care and support needs. Overall, the inspector found the centre provided a warm, pleasant and homely environment for residents.

The centre is located on the outskirts of Naas, Co. Kildare. It is a two-storey dwelling and each resident has their own bedroom. The house has access to a secure garden space and communal areas to include a kitchen, dining area, a games room and two separate living spaces.

Overall judgment of our findings:

This centre provided very individualised and person-centred care to the residents. Inspectors found that the centre had implemented all measures from their previous action plan, however; some improvements were identified upon this inspection in relation to the centres' fire management systems.

This inspection identified that of the eight outcomes inspected, seven outcomes were found to be compliant, with one outcome in moderate non-compliance relating to health and safety and risk management.

These findings are discussed further in the report and included in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents are consulted with, and participate in, decisions about their care and about the running of the centre. Residents had access to advocacy services and information about their rights. Actions from the centre's previous inspection report relating to this outcome were found to be satisfactorily completed.

The complaints procedure was prominently displayed within the centre, and was updated since the last inspection to include the names of those nominated to ensure complaints are appropriately responded to. A record of all complaints made was maintained, with some of complaints still in progress at the time of the inspection. The person in charge demonstrated to inspectors the progression made towards the management of these complaints. Staff who spoke with inspectors were familiar with the complaints procedure and had a clear understanding of their responsibility in the reporting and local management of complaints received.

Residents' meetings were held on a monthly basis and provided residents with an opportunity to voice their preferences as to how they wished to spend their time. Minutes of these meetings were available to inspectors, detailing recommendations made by residents, how they were followed up and reviewed with residents at the next meeting. Residents who spoke with inspectors said these meetings helped them to keep staff informed on any changes they wanted to make to their daily routines. Each resident was also appointed a key worker and inspectors observed key workers regularly held learning sessions with residents to support their understanding of various procedures such as fire safety, complaints and financial management. Residents were encouraged to take responsibility for their own finances and inspectors observed staff

regularly developed monthly budgets with residents to support their monthly expenditure.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Each resident's wellbeing and welfare was well promoted within the centre. Residents had regular opportunities to engage in their preferred activities and were supported to access educational and personal development programmes. No actions were required with regards to this outcome from the centre's previous inspection.

All residents residing in the centre were very active and involved in the local community. Some residents held employment in local shops, while other residents were attending various educational programmes. Staff informed inspectors that each resident has control over what activities they engage in, with some residents participating in tennis groups, educational grinds, regular family gatherings and cinema outings. Some residents were assessed for independent community access and were found to regularly avail of local amenities. Where residents were assessed as requiring one to one staff support for social outings, inspectors found adequate staffing levels were in place to support this. Residents were encouraged to have regular home visits and measures were in place by the centre to support these visits as required. There were public transport services close to the centre for residents to avail of and the centre also had access to two full-time vehicles.

Each resident had a comprehensive assessment of their health, personal and social care needs completed upon admission and these needs were reviewed on a minimum annual basis. Personal plans were in place for each resident to guide staff on how they were required to support residents each day. Residents' personal goals were reviewed on a monthly basis and these goals were found to be resident led. Personal goals had action plans in place which outlined the actions required to achieve the goal, the person

responsible to support the resident and the timeframe for review. Staff who spoke with inspectors demonstrated the progression made by some residents on achieving their personal goals to date.

No residents were transitioning to or from the centre at the time of this inspection.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, the health and safety of residents, visitors and staff was promoted and protected. However, some improvements were identified upon this inspection to the centre's fire management systems.

There were policies and procedures in place to guide on the centre's risk management processes. A health and safety statement was also in place, which identified those responsible for health and safety related duties within the centre. Each resident had a suite of risk assessments in place which identified environmental and individual risks specific to them. Residents' specific risk assessments were routinely reviewed by staff on a three monthly basis and no gaps in these review timeframes were found. Staff who spoke with inspectors demonstrated the effectiveness of some control measures which were put in place to mitigate risks. The person in charge informed inspectors that following residents' risk assessments, guidance procedures were put in place for staff to reference on how to appropriately implement residents' specific control measures. Accidents and incidents were recorded within the centre and these were regularly reviewed by the person in charge. The person in charge also had regular monitoring systems in place in relation to medication management, vehicle checks, environmental checks, with the findings informing the risk management activities for the centre.

Inspectors found that precautions were undertaken by the centre against the risk of fire. Scheduled fire checks were maintained by the centre and fire alarm system and fire fighting equipment were maintained in line with manufacturer's guidelines. All staff had received up-to-date training in fire safety, and staff who spoke with inspectors demonstrated a clear understanding of their role in the event of a fire in the centre. There were fire procedures displayed throughout the centre, however these were found to only guide staff and residents to evacuate via the front door, and did not inform on the other fire escape routes available in the centre. Furthermore, the fire procedures did

not guide on the evacuation arrangements in place for residents residing in upstairs accommodation, should downstairs fire escape routes be inaccessible during a fire.

Fire exits were found to be clear from obstruction on the day of the inspection, however, staff informed inspectors that doors exiting the sitting room to the back garden would be used as a fire escape route in the event of a fire. However, inspectors found this fire escape route did not have adequate signage in place, or adequate emergency lighting provided to its' exterior to guide staff and residents safely to the fire assembly point.

Fire drills were regularly conducted within the centre and were found to include the participation of all residents and staff. Where residents were not in attendance at the fire drill, inspectors observed key workers were appointed to conduct a fire safety sessions with these residents upon their return. Residents who spoke with inspectors said they are regularly informed by staff what to do in the event of a fire, and told inspectors of their fire drill performance to date. The centre had a process in place where evacuation assessments were conducted with residents to determine if they required a personal emergency evacuation plan to be developed for them. However, upon review of evacuation assessments, inspectors found this assessment process did not consider the management of behaviours that challenge during an evacuation from the centre. In addition, upon a review of the fire drill records, inspectors observed some residents had presented with behaviours that challenge during fire drills, however there was no plan in place to support staff in their evacuation.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place. Efforts were made by the centre to identify and alleviate the underlying causes of behaviour that is challenging for each individual resident.

Behavioural support plans were in place as required, and inspectors found these clearly

guided staff on how to support these residents through the implementation of various proactive and reactive strategies. The centre were supported by a behavioural support therapist in the development and review of these plans. The centre also regularly maintained behavioural logs which were used to inform these reviews. All staff had received up-to-date training in the management of behaviours that challenge at the time of this inspection.

There were safeguarding plans in place at the time of inspection. The person in charge demonstrated to inspectors the nature of the safeguarding concerns in the centre, the immediate actions undertaken and the progression made towards the management of these concerns. Safeguarding plans were in place to guide staff practice and staff spoken with informed inspectors of their understanding of the management and on-going review of these safeguarding concerns. Staff who spoke with inspectors were knowledgeable of the centre's safeguarding policy and of their requirement to report any suspected abuse to the person in charge. All staff had received up-to-date training in safeguarding of vulnerable adults.

No restrictive practices were in place in the centre at the time of this inspection.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that each resident was supported to achieve and enjoy the best possible health. Residents' healthcare needs were met in line with their personal plans and through timely access to healthcare services.

Residents' healthcare needs were assessed upon their admission to the centre and on a minimum annual basis thereafter. Residents had personal plans in place which contained clear guidelines on the management of these needs. Residents had access to allied healthcare services such as GP services, dietetic services and dental services. A healthcare file was in place for each residents which guided on residents' appointments and all correspondences from health professionals. Residents were encouraged to take responsibility for monitoring and recording their own weight and vital signs, with staff providing guidance to them on when these were scheduled to be done. Some residents residing in the centre presented with neurological related healthcare needs. Staff who

spoke with inspectors were knowledgeable in how they were required to support these residents in the event of a seizure.

Residents meals were prepared in the centre. Some residents prepared their own meals, while other residents were supported by staff to do so. On the day of the inspection, inspectors observed staff supporting residents to assist with grocery shopping. Adequate food preparation and dining space was provided within the centre and residents were observed to freely access all areas of the kitchen as they wished. Staff told inspectors that residents decide each day what they want to eat and that residents inform them of any specific menu options they want for consideration as part of monthly residents' meetings. A notice board was also provided in the dining area for residents to use to inform staff of any new menu choices they would like.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were operational policies and procedures relating to the ordering, prescribing, storage and administration of medications to residents. Residents were assessed for, and supported to take responsibility over the administration of their own medications.

Medications were dispensed in blister packs which were clearly labelled with residents' details. The centre had monitoring systems in place upon the delivery and return of medications from the centre to pharmacy. Medications were securely stored in a locked cupboard and no residents were prescribed controlled drugs at the time of this inspection. All staff had up-to-date training in the safe administration of medications, and staff who spoke with inspectors were knowledgeable on the centres' medication management policies and of the procedure to be adhered to in the event of a medication related incident.

Inspectors reviewed a sample of residents' administration records. The records were found to be in good condition and contained information such as residents' personal details and photographs for identification purposes. No gaps were found in the recording of administration practices.

All residents' were routinely assessed in the centre to determine their suitability to self-

administer their own medications, which involved a four week review of residents' understanding of safe medication management practices. Some residents were self-administering their own medications at the time of this inspection and were supported by staff to do so. Inspectors observed staff regularly discussed the importance of safe medication management with these residents. The centre were also supported by a psychiatry team in the on-going review of residents' suitability to self-administer their own medications.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The quality of care and experience of the residents was monitored and developed on an on-going basis. Effective management systems are in place that supported and promoted the delivery of safe, quality care services. There is a clearly defined management structure that identified the lines of authority and accountability.

The organisational structure of the organisation had changed since the last inspection, to include the introduction of additional regional managers and directors. This revised structure meant the person in charge was now supported in her role by two deputy team leaders, a regional manager and the provider. The person in charge was found to be knowledgeable of the operations of the centre, in residents' specific needs and in the legislative responsibilities associated with her role. The person in charge had the capacity to visit the centre two to three times a week, and inspectors found both staff and residents to be very familiar with her. Regular staff meetings were held within the centre and these were found to be chaired and attended to by the person in charge. Inspectors found the person in charge received regular supervision from the regional manager and was facilitated to participate in on-going personal development.

Six monthly unannounced provider visits and annual reviews of the service were occurring within the centre. These reports were available to inspectors on the day of the inspection. Action plans were developed following each visit and review to demonstrate

how the centre planned to address the areas of non-compliance identified. The person in charge demonstrated to inspectors the progress made by the centre to complete all actions. No actions were found overdue at the time of this inspection.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection inspectors found that there were appropriate staff numbers and skill mixes to meet the assessed needs of residents

Staff were found to be suitably supervised in their role. Staff supervision was completed on a regular basis and this process was completed by the person in charge and the centre's deputy team leaders. A planned and actual roster was in place for the centre, which indicated the staff members names, their role in the centre and the exact times they commenced and completed their shift. The centre had a relief staff panel identified for the centre and measures were in place to ensure continuity in the allocation of these staff members to the centre as required. The centre were not in use of agency staff members at the time of this inspection. Inspectors found adequate staffing arrangements were in place to support the assessed needs of residents. Staff who spoke with inspectors told that they are supported to safely care for residents through the centre's current staffing arrangements.

Training records reviewed demonstrated the nature of staff training conducted within the centre. Staff had received training and fresher training in areas such as client protection, infection control, basic first aid, food hygiene and manual handling. No gaps in staff training were identified.

Inspectors reviewed a sample of staff files and found them to contain the requirements of schedule 2 of the regulations. No volunteers were working in the centre at the time of the inspection.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Anne Marie Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0004665
Date of Inspection:	02 May 2017
Date of response:	15 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure the fire procedure for the centre guided on:

- all fire escape routes available within the centre
- procedure to be followed where an upstairs evacuation is required

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

Please state the actions you have taken or are planning to take:

1. Fire procedures in the Centre have been updated to reflect the following;
 - all fire escape routes are available
 - procedure to be followed if an upstairs evacuation is requiredthe requirements are available at the fire panel within the Centre and also in the fire folder.
2. A schedule for Fire Drills for the next 12 months has been put in place. This shall incorporate drills with the full complement of staff as well as with the lowest complement of staff.
3. The above points will be discussed at the staff team meeting on the 26 June 2017 to ensure all are aware of the new procedures.

Proposed Timescale: 30/06/2017**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure:

- all means of escape had clear signage in place
- adequate emergency lighting was in place to the rear of the centre to guide to the fire assembly point.

2. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:

1. Emergency exit signage has been placed at all emergency exits in the Centre.
2. Emergency signage has also been amended to reflect accurate exit points within the Centre.
3. Emergency lighting has been implemented at the rear of the Centre in order to guide to the fire assembly point.
4. The above points will be discussed at the staff team meeting on the 26 June 2017 to ensure all are aware of the changes.

Proposed Timescale: 30/06/2017**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure adequate arrangements were in place to guide staff on how to support residents who may present with behaviours that challenge during an evacuation from the centre.

3. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:

1. Personal Emergency Evacuation Plans have been developed to guide staff on how to support residents who may present with behaviours that challenge during an evacuation from the Centre.
2. The above point will be discussed at the staff team meeting on the 26 June 2017 to ensure all are aware of the new Personal Emergency Evacuation Plan.

Proposed Timescale: 30/06/2017